

EXHIBIT A

Precinct 033	Complaint Number
Accident No. MV-2024-033-000116	

POLICE ACCIDENT REPORT (NYC)

MV-104AN (7/11)

☐ AMENDED REPORT

1	Accident Date Month 3 Day 1 Year 2024	Day of Week FRIDAY	Military Time 18:50	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20 26	
2	VEHICLE 1 VEHICLE 1- Driver License ID Number 698450185 State of Lic. NY Driver Name - exactly as printed on license ROY, DERIK, J Address (Include Number & Street) 645 RANDALL RD City or Town BALLSTON SPA State NY Zip Code 12020			<input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN VEHICLE 2- Driver License ID Number 999999999 State of Lic. NY Driver Name - exactly as printed on license DUNN, ROBERT Address (Include Number & Street) 601 WEST 26 STREET City or Town NEW YORK State NY Zip Code 10011							21 9
3	Date of Birth Month 10 Day 3 Year 1952 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 2 Public Property Damaged <input type="checkbox"/>	Name - exactly as printed on registration ROY, DERIK, J Address (Include Number & Street) 645 RANDALL RD City or Town BALLSTON SPA State NY Zip Code 12020			Date of Birth Month 8 Day 9 Year 1984 Sex M Unlicensed <input type="checkbox"/> No. of Occupants 1 Public Property Damaged <input type="checkbox"/> Name - exactly as printed on registration DUNN, ROBERT Address (Include Number & Street) 601 WEST 26 STREET City or Town NEW YORK State NY Zip Code 10011						22 9
4	Plate Number 17832JW State of Reg. NY Vehicle Year & Make 2018 FORD Vehicle Type PICK-UP TRUCK Ins. Code 328	Ticket/Arrest Number(s)			Ticket/Arrest Number(s)						23 3
5	Violation Section(s)	Violation Section(s)			Violation Section(s)						24 3
6	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.			Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.						25 1
7	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To	VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To			ACCIDENT DIAGRAM 1 REAR END 9. Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						26 1
8	Reference Marker 9 5 I X 4 M 1 1 0 0 4	Coordinates (if available) Latitude/Northing: 40.850067 Longitude/Easting: -73.9449			Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND Road on which accident occurred 95I E/B CROSS BRONX EXPY (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) 4/10 MILE E/O GEORGE WASHINGTON BRIDGE (Milepost, Nearest Intersecting Route Number or Street Name)						27 1
9	Accident Description/Officer's Notes AT TPO OPER OF VEH 1 STATES THAT HE WAS DRIVING STRAIGHT WHEN TRAFFIC SLOWED DOWN, SO HE STEPPED ON THE BRAKES WHEN VEH 2 REAR ENDED HIM. OPER OF VEH 2 STATES THAT VEH 1 CAME TO AN ABRUPT STOP, CAUSING VEH 2 TO REAR ENDED VEH 1. THERE IS NO ISSUARNCE INFORMATION BECAUSE VEH 2 IS SELF INSURED BY THE FEDERAL GOVERNMENT. OPER OF VEH 2 IS A SPECIAL AGENT SHIELD 8798, EMPLOYED BY HOMELAND SECURITY AND WAS DRIVING A HS									28 1	
10	ALL INVOLVED 8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only A 1 1 X 1 71 M - - - - - ROY, DERIK, J B 1 3 X 1 62 M - - - - - LAROSA-ROY, CATHERINE, E C 2 1 X 1 39 M - - - - - DUNN, ROBERT									29 1	
11	Officer's Rank and Signature PO Print Name in Full CHRISTOPHE C GAYLE	Tax ID No. 972657	NCIC No. 03030	Precinct 033	Post/Sector	Reviewing Officer SSA RONNIE A RODRIGUEZ	Date/Time Reviewed 03/05/2024 23:11			30 1	

Last Name			First			M.I.			Last Name			First			M.I.		
Address									Address								
Date of Birth Month Day Year			Telephone (Area Code) ()			Date of Birth Month Day Year			Telephone (Area Code) ()			Date of Birth Month Day Year			Telephone (Area Code) ()		
Last Name			First			M.I.			Last Name			First			M.I.		
Address									Address								
Date of Birth Month Day Year			Telephone (Area Code) ()			Date of Birth Month Day Year			Telephone (Area Code) ()			Date of Birth Month Day Year			Telephone (Area Code) ()		
Last Name			First			M.I.			Highway Dist. at Scene? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Name:			Shield No.		
Address																	
Date of Birth Month Day Year			Telephone (Area Code) ()														

ENTER INSURANCE POLICY NUMBER FROM INSURANCE IDENTIFICATION CARD, EXPIRATION DATE (IN ALL CASES), AND VIN.

Vehicle No. 1 C16 5800-P21-52L Vehicle No. 2 _____
 Expiration Date 06/21/2024 Expiration Date _____
 VIN 1FTEW1EG3JFA85351 VIN 3GKALTEV2KL153667

WITNESS (Attach separate sheet, if necessary)

Name	Address	Phone

DUPLICATE COPY REQUIRED FOR:

<input type="checkbox"/> Dept. of Motor Vehicles (if anyone is killed/injured)	<input type="checkbox"/> Motor Transport Division (P.D. vehicle involved)	<input type="checkbox"/> NYC Taxi & Limousine Comm. (if a Licensed taxi or limousine involved)	<input type="checkbox"/> Other City Agency (Specify) _____
<input type="checkbox"/> Office of Comptroller (if a City vehicle involved)	<input type="checkbox"/> Personnel Safety Unit (if a P.D. vehicle involved)	<input type="checkbox"/> Highway Unit _____	

NOTIFICATIONS: (Enter name, address, and relationship of friend or relative notified. If aided person is unidentified, list Missing Person Squad member who was notified. In either case, give date and time of notification.)

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

IF NYPD VEHICLE IS INVOLVED:

Police Vehicle -Operator's First Name Last Name			Rank	Shield No.	Tax ID. No.	Command
Make of Vehicle	Year	Type of Vehicle	Plate No.	Dept. Vehicle No.	Assigned To What Command	
Equipment in Use At Time of Accident						
<input type="checkbox"/> Siren	<input type="checkbox"/> Horn	<input type="checkbox"/> Turret Light	<input type="checkbox"/> 4-Way Flasher	<input type="checkbox"/> High-Level Warning Lights	<input type="checkbox"/> Traffic Cones	<input type="checkbox"/> Headlights

ACTIONS OF POLICE VEHICLE

- | | |
|--|---|
| <input type="checkbox"/> Responding to Code Signal | <input type="checkbox"/> Complying with Station House Directive |
| <input type="checkbox"/> Pursuing Violator | <input type="checkbox"/> Routine Patrol |
| <input type="checkbox"/> Other (Describe) _____ | |

Precinct 033	Complaint Number
Accident No. MV-2024-033-000116	

POLICE ACCIDENT REPORT (NYC)
MV-104AN (7/11)

☐ **AMENDED REPORT**

1	Accident Date Month 3 Day 1 Year 2024	Day of Week FRIDAY	Military Time 18:50	No. of Vehicles 2	No. Injured 0	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19 -			
2	VEHICLE			<input type="checkbox"/> VEHICLE <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN							20 -		
2	VEHICLE - Driver License ID Number			State of Lic.			VEHICLE - Driver License ID Number			State of Lic.		21 -	
3	Driver Name - exactly as printed on license			Driver Name - exactly as printed on license			Driver Name - exactly as printed on license			Apt. No.		22 -	
3	Address (Include Number & Street)			Apt. No.			Address (Include Number & Street)			Apt. No.		23 -	
4	City or Town			State			City or Town			State		24 -	
4	Zip Code			Zip Code			City or Town			State		25 -	
5	Date of Birth Month 3 Day 1 Year 2024			Sex Male			Unlicensed <input type="checkbox"/>			No. of Occupants 1			26 -
5	Public Property Damaged <input type="checkbox"/>			Date of Birth Month 3 Day 1 Year 2024			Sex Male			Unlicensed <input type="checkbox"/>			27 1
6	Name - exactly as printed on registration			Sex Male			Date of Birth Month 3 Day 1 Year 2024			Name - exactly as printed on registration			28 1
6	Address (Include Number & Street)			Apt. No.			Address (Include Number & Street)			Apt. No.			29 -
7	City or Town			State			City or Town			State			30 -
7	Zip Code			Zip Code			City or Town			State			USE COVER SHEET P
8	Plate Number			State of Reg.			Vehicle Year & Make			Vehicle Type			31 -
8	Ins. Code			Ins. Code			Plate Number			State of Reg.			32 -
9	Ticket/Arrest Number(s)			Ticket/Arrest Number(s)			Ticket/Arrest Number(s)			Ticket/Arrest Number(s)			33 -
9	Violation Section(s)			Violation Section(s)			Violation Section(s)			Violation Section(s)			34 -
10	Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.			Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.			Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.			Diagram Attached on Subsequent Page			35 -
10	VEHICLE 1 DAMAGE CODES			VEHICLE 2 DAMAGE CODES			ACCIDENT DIAGRAM			Diagram Attached on Subsequent Page			36 -
10	Box 1 - Point of Impact			Box 1 - Point of Impact			1. Rear End			2. Sideswipe (same direction)			37 -
10	Box 2 - Most Damage			Box 2 - Most Damage			3. Left Turn			4. Right Angle			38 -
10	Enter up to three more Damage Codes			Enter up to three more Damage Codes			5. Right Turn			6. Right Turn			39 -
10	Vehicle By Towed: To			Vehicle By Towed: To			7. Head On			8. Sideswipe (opposite)			40 -
10	VEHICLE DAMAGE CODING:			VEHICLE DAMAGE CODING:			9. Cost of repairs to any one vehicle will be more than \$1000.			10. Unknown/Unable to Determine			41 -
10	1-13. SEE DIAGRAM ON RIGHT.			1-13. SEE DIAGRAM ON RIGHT.			11. REAR END			12. Yes			42 -
10	14. UNDERCARRIAGE			14. UNDERCARRIAGE			13. Diagram			14. No			43 -
10	15. TRAILER			15. TRAILER			14. Diagram			15. Yes			44 -
10	16. OVERTURNED			16. OVERTURNED			15. Diagram			16. No			45 -
10	17. DEMOLISHED			17. DEMOLISHED			16. Diagram			17. Yes			46 -
10	18. NO DAMAGE			18. NO DAMAGE			17. Diagram			18. No			47 -
10	19. OTHER			19. OTHER			18. Diagram			19. Yes			48 -
10	20. OTHER			20. OTHER			19. Diagram			20. No			49 -
10	Reference Marker			Coordinates (if available)			Place Where Accident Occurred: <input type="checkbox"/> BRONX <input type="checkbox"/> KINGS <input checked="" type="checkbox"/> NEW YORK <input type="checkbox"/> QUEENS <input type="checkbox"/> RICHMOND			Road on which accident occurred 95I E/B CROSS BRONX EXPY			50 -
10	Latitude/Northing: 40.850067			Longitude/Easting: -73.9449			at 1) intersecting street			(Route Number or Street Name)			51 -
10	at 2) 4/10 MILE E/O GEORGE WASHINGTON BRIDGE			(Milepost, Nearest Intersecting Route Number or Street Name)			Cost of repairs to any one vehicle will be more than \$1000.			Unknown/Unable to Determine			52 -
10	Accident Description/Officer's Notes DEPT VEH. NO INJURIES. NO CAMERAS. OPER OF VEH 2 CALLED HIS OWN TOW.			Accident Description/Officer's Notes			Accident Description/Officer's Notes			Accident Description/Officer's Notes			53 -
10	8			9			10			11			54 -
10	12			13			14			15			55 -
10	16			17			18			19			56 -
10	20			21			22			23			57 -
10	24			25			26			27			58 -
10	28			29			30			31			59 -
10	32			33			34			35			60 -
10	36			37			38			39			61 -
10	40			41			42			43			62 -
10	44			45			46			47			63 -
10	48			49			50			51			64 -
10	52			53			54			55			65 -
10	56			57			58			59			66 -
10	60			61			62			63			67 -
10	64			65			66			67			68 -
10	68			69			70			71			69 -
10	72			73			74			75			70 -
10	76			77			78			79			71 -
10	80			81			82			83			72 -
10	84			85			86			87			73 -
10	88			89			90			91			74 -
10	92			93			94			95			75 -
10	96			97			98			99			76 -
10	100			101			102			103			77 -
10	104			105			106			107			78 -
10	108			109			110			111			79 -
10	112			113			114			115			80 -
10	116			117			118			119			81 -
10	120			121			122			123			82 -
10	124			125			126			127			83 -
10	128			129			130			131			84 -
10	132			133			134			135			85 -
10	136			137			138			139			86 -
10	140			141			142			143			87 -
10	144			145			146			147			88 -
10	148			149			150			151			89 -
10	152			153			154			155			90 -
10	156			157			158			159			91 -
10	160			161			162			163			92 -
10	164			165			166			167			93 -
10	168			169			170			171			94 -
10	172			173			174			175			95 -
10	176			177			178			179			96 -
10	180			181			182			183			97 -
10	184			185			186			187			98 -
10	188			189			190			191			99 -
10	192			193			194			195			100 -
10	196			197			198			199			101 -
10	200			201			202			203			102 -
10	204			205			206			207			103 -
10	208			209			210			211			104 -
10	212			213			214			215			105 -
10	216			217			218			219			106 -
10	220			221			222			223			107 -
10	224			225			226			227			108 -
10	228			229			230			231			109 -
10	232			233			234			235			110 -
10	236			237			238			239			111 -
10	240			241			242			243			112 -
10	244			245			246			247			113 -
10	248			249			250			251			114 -
10	252			253			254			255			115 -
10	256			257			258			259			116 -
10	260			261			262			263			117 -
10	264			265			266			267			118 -
10	268			269			270			271			119 -
10	272			273			274			275			120 -
10	276			277			278			279			121 -
10	280			281			282			283			122 -
10	284			285			286			287			123 -
10	288			289			290			291			124 -
10	292			293			294			295			125 -
10	296			297			298			299			126 -
10	300			301			302			303			127 -
10	304			305			306			307			128 -
10	308			309			310			311			129 -
10	312			313			314			315			130 -
10	316			317			318			319			131 -
10	320			321			322			323			132 -
10	324			325			326			327			133 -
10	328			329			330			331			134 -
10	332			333			334			335			135 -
10	336			337			338			339			136 -
10	340			341			342			343			137 -
10	344			345			346			347			138 -
10	348			349			350			351			139 -
10	352			353			354			355			140 -
10	356			357			358			359			141 -
10	360			361			362			363			142 -
10	364			365			366			367			143 -
10	368			369			370			371			144 -
10	372			373			374			375			145 -
10	376			377			378			379			146 -
10	380			381			382			383			147 -
10	384			385			386			387			148 -
10	388			389			390			391			149 -
10	392			393			394			395			150 -
10	396			397			398			399			151 -
10	400			401			402			403			152 -
10	404			405			406			407			153 -
10	408			409			410			411			154 -
10	412			413			414			415			155 -
10	416			417			418			419			156 -
10	420			421			422			423			157 -
10	424			425			426			427			158 -
10	428			429			430			431			159 -
10	432			433			434			435			160 -
10	436			437			438			439			161 -
10	440			441			442			443			162 -
10	444			445			446			447			163 -
10	448			449			450			451			164 -
10	452			453			454			455			165 -
10	456			457			458			459			166 -
10	460			461			462			463			167 -
10	464			465			466			467			168 -
10	468			469			470			471			169 -
10	472			473			474			475			170 -
10	476			477			478			479			171 -
10	480			481			482			483			172 -
10	484			485			486			487			173 -
10	488			489			490			491			174 -
10	492			493			494			495			175 -
10	496			497			498			499			176 -
10	500			501			502			503			177 -
10	504			505			506			507			178 -
10	508			509			510			511			179 -
10	512			513			514			515			180 -
10	516			517			518			519			181 -
10	520			521			522			523			182 -
10	524			525			526			527			183 -
10	528			529			530			531			184 -
10	532			533			534			535			185 -
10	536			537			538			539			186 -
10	540			541			542			543			187 -
10	544			545			546			547			188 -
10	548			549			550			551			189 -
10	552			553			554			555			190 -
10	556			557			558			559			191 -
10	560			561			562			563			192 -
10	564			565			566			567			1

Vehicle No. _____ Vehicle No. _____
Expiration Date _____ Expiration Date _____
VIN _____ VIN _____

Name	Address	Phone

☐ Dept. of Motor Vehicles
(if anyone is killed/injured)
 ☐ Motor Transport Division
(P.D. vehicle involved)
 ☐ NYC Taxi & Limousine Comm.
(if a Licensed taxi or limousine involved)
 ☐ Other City Agency
(Specify) _____

☐ Office of Comptroller
(if a City vehicle involved)
 ☐ Personnel Safety Unit
(if a P.D. vehicle involved)
 ☐ Highway Unit _____

PROPERTY DAMAGED (other than vehicles)	OWNER OF PROPERTY (include city agency, where applicable)

Police Vehicle			Operator's First Name		Last Name		Rank		Shield No.		Tax ID. No.		Command		
Make of Vehicle			Year		Type of Vehicle		Plate No.			Dept. Vehicle No.			Assigned To What Command		
Equipment in Use At Time of Accident															
<input type="checkbox"/> Siren <input type="checkbox"/> Horn <input type="checkbox"/> Turret Light <input type="checkbox"/> 4-Way Flasher <input type="checkbox"/> High-Level Warning Lights <input type="checkbox"/> Traffic Cones <input type="checkbox"/> Headlights															

☐ Responding to Code Signal
 ☐ Complying with Station House Directive
☐ Pursuing Violator
 ☐ Routine Patrol
☐ Other (Describe) _____

Rear End : MV-2024-033-000116

Reporting Officer : PO CHRISTOPHE C GAYLE

Reviewing Officer : SSA RONNIE A RODRIGUEZ Reviewed Date : 03/05/2024 23:11

Vehicle 1 Vehicle 2

